

FILED OCT 10 1951

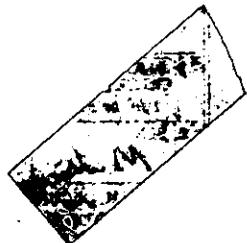
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31407**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8261**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 35 yrs		d. STREET ADDRESS (If rural, give location) 1438 E. GRAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp		d. STREET ADDRESS (If rural, give location) 9	
3. NAME OF DECEASED a. (First) MORRIS (Type or Print)		b. (Middle) BARSH	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) SEPT 17, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH unk
9. AGE (In years last birthday) ab 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) USSR	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Talman S David	13b. MOTHER'S MAIDEN NAME Ritka Schuchman	14. NAME OF HUSBAND OR WIFE Mary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) no	16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE/OR NAME Mrs. Mary Barsh	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, gen.		INTERVAL BETWEEN ONSET AND DEATH 5 d.	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200	
22. I hereby certify that I attended the deceased from 9/12, 1951 , to 9/17, 1951 , that I last saw the deceased alive on 9/17, 1951 , and that death occurred at 5:55 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. S. Franklin		23b. ADDRESS 14, 24, 34 N. Grand	
23c. DATE SIGNED 9/18/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/19/51	24c. NAME OF CEMETERY OR CREMATOR Grand St. Smith	24d. LOCATION (City, town, or county) (State) Abbeville Mo.
DATE REC'D BY LOCAL REG. SEP 18 1951	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Beyer Memorial	
		ADDRESS 4715 N. Howard	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John J. Denny
Licensed Embalmer No. 4194
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.